## **Vacation Bible School Child Registration**

July 16-20, 2007

Please download and print this form, fill in the appropriate information and turn it to any area KMC chapel.

Child's Name		Age	Grade child completed Spring 07
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Parents Names			
		PCS Date	
Email			
Home phone # Wor			
In case of emerger	ncy contact		
Special Information	on: Allergies or medical condition	ons	
Church Service yo	ou attend, if any		
Who has permission	on to pick up your child, must b	e 18 & old	ler
audio reproduction are being used for I release the KMC	n in which I may appear for Vac the KMC chapels, which include	ographs, sleation Bible des recruitrated with	lides, audiotapes, or any other visual or e School. I understand that these materials ment and fund-raising efforts.  I the use of my picture or voice recording
Date	Youth Signature		
	Youth Signature		
	Youth Signature		
	Youth Signature		
Parent/Guardian S	ignature		

Privacy Act Statement

- 1. Authority: 5USC 552A(e)(3)

- Principle Purpose: To collect personal information from a participant.

  Routine Uses: To contact in medical emergencies and this year and next year's VBS.

  Mandatory or Voluntary Disclosure and Effect on Individuals not Providing Information: Disclosure is voluntary. Individuals will not receive information from other participants.